



GRANT APPLICATION
APPLICATION MUST BE PRINTED OUT
PRIOR TO CLOSING THE DOCUMENT
ON YOUR SCREEN, AS IT CAN'T BE
SAVED TO YOUR COMPUTER.

Questions? Call 860.638.4510 or
arts@middletownct.gov

MIDDLETOWN COMMISSION ON THE ARTS
 100 RIVERVIEW CTR.-STE. 140 • MIDDLETOWN, CT 06457

Email:

APPLICANT: Phone:

ADDRESS: City: State: Zip:

PERSON RESPONSIBLE FOR PROJECT (if other than applicant):

SPONSORING ORGANIZATION:

ADDRESS: City: State: Zip:

Contact Person: Grant Request: Total Project Cost:

Briefly describe the project/purpose for which the Commission's grant funds are requested:

The following date must be filled in or application will be returned. Project Completion Date:

Date(s) of Project:

Location(s) of Project:

Will project take place without MCA funding? YES NO The information so far provided is: firm tentative

Are you seeking other funding support? YES NO If YES, please list other funding sources:

List dates of past grants or funding from the MCA (Include amount of grant/funding received):

Please provide a complete account of the sources and amounts of funds budgeted for the project, including ticket sales and requested MCA funds:

INCOME: SOURCE	AMOUNT (check if confirmed)	
MCA (Middletown Commission on the Arts)		
TOTAL		

Please provide a complete account of the anticipated recipients of funds and amounts to be expended on the project. This information should reflect how you intend to use the MCA funds:

EXPENDITURES: RECIPIENT	AMOUNT
TOTAL	

IF ADDITIONAL ROOM IS NEEDED TO COMPLETE BUDGET INFORMATION, SUBMIT YOUR BUDGET ON A SEPARATE DOCUMENT.

If you anticipate income beyond your expenses, please show that amount here  and explain below how that income will be used.

– ATTACH YOUR PRIOR YEAR BUDGET, OR EXPLAIN ITS ABSENCE, IN A SEPARATE DOCUMENT. –

Describe any anticipated free (in-kind) services for your project:

Please describe the manner in which you plan to promote/publicize your project and credit the MCA for funding support.

Please check the areas that reflect the make-up of your intended audience:

- Senior Minority Handicapped Adults Youth Children General

How large an audience do you expect? Per presentation: Total:

How many participants (not including audience) will be involved in the project?

Will you be selling 1) tickets YES NO Price: 2) program ads? YES NO Price:

Do you anticipate that your project will impact the citizens of Middletown? Please explain how in the space provided.

NOTE: APPLICANTS ARE ADVISED TO RETAIN A COPY OF THE COMPLETED APPLICATION AS SUBMITTED TO THE MCA.

Date:

RETURN COMPLETED GRANT APPLICATION TO:

MCA
100 RIVERVIEW CENTER-SUITE 140
MIDDLETOWN, CT 06457-3446

Authorized Applicant Signature

Authorized Applicant Name

Authorized Applicant Title